Strategic Communication in the System for Health

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Strategic Communication in the System for Health

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Abstract

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The health of the force is a top priority for the Chief of Staff of the Army. Optimal health being much more than the absence of disease, the Army Surgeon General (TSG) has placed health promotion at the forefront of her vision for Army Medicine 2020: "The transformation of Army Medicine from a healthcare system to a System for Health begins now." The second of the TSG's three strategic imperatives to achieve this vision is to "enhance diplomacy…to promote unity of effort in the pursuit of health." A key component of this imperative, indeed of the whole transformation, is improving how leaders in the AMEDD communicate with leaders from the Army line about the health of the force. As recognized experts in health promotion and as advocates for the health of Soldiers and the medical readiness of units, AMEDD leaders are expected to provide the line with the information and tools needed to ensure optimal health of the force. This paper explores overarching concepts of strategic communication from the DoD perspective, the academic perspective, and the perspective of public health and makes recommendations for improving the AMEDD strategic communication plan.

Strategic Communication in the System for Health

The health of the force is a key issue for the Army. Both the Secretary of the Army and the Army Chief of Staff have made this a priority issue for the Army today and in planning for the future force.[1] These leaders have noted the "convergence between Soldier health and discipline", thus recognizing that health is far more than just the absence of disease, but rather involves multiple aspects of a Soldier's life that extend well beyond the clinic and the lines at sick call.[2] The Army Surgeon General, Lieutenant General (LTG) Patricia Horoho, has also recognized this link. In her initial guidance to the Army Medical Department (AMEDD) shortly after becoming the 43rd Surgeon General, United States Army, she outlined her intent for "transforming Army Medicine from a healthcare system to a System for Health."[3] She has since noted in the recently released *Army Medicine 2020 Campaign Plan* that most patients will see a provider for a total of only about 100 minutes per year (525,600 minutes), but that health occurs in "the Lifespace", the 525,500 minutes spent away from the doctor's office, and that "a person's lifespace can be shaped by making wise choices."[4]

Members of the AMEDD have long been recognized as the experts for the Army in matters regarding health and wellness. Former Army Surgeon General LTG Eric B. Schoomaker noted in 2010 that, "While we have borne our share of real crises and even tragedies, every day our Soldiers and their families are protected from injuries, illnesses, and combat wounds; receive state-of-the-art treatment when prevention fails; and are supported by extraordinarily talented people."[5] And yet, while LTG Schoomaker further points out that, "the partnership between and among the medical and line leadership has resulted in a dynamic reconfiguration of the medical formations and tactics, techniques, and procedures required to support the deployed Army,"[6] the *Army*

Medicine 2020 Campaign Plan states that the AMEDD needs to do more. "Army Medicine must impact the determinants of health- those lifestyle choices and social and environmental factors that contribute to the overall health- which are at the heart of the Lifespace."[7] In order to do this, AMEDD personnel must communicate health messages effectively. From the most senior strategic leaders of the AMEDD to the providers interacting daily with patients, the key to successfully transforming the healthcare system to the System for Health will be effective communication.

This paper will look at the topic of communicating the message of health from the strategic perspective. Army Medicine's leadership team consists of very talented and extremely smart people who are experts in their respective health fields. Their success in implementing the Surgeon General's vision will hinge on how well they communicate the necessary messages of the System for Health to Army line leadership to implement throughout the Army. LTG Horoho recently wrote:

> Great things are happening across our installations, but communication is an aspect of our culture that we can improve upon. Whether it is communication between regions, communication between Soldiers and leaders, or communication within the Health Triad of the patient, provider, and commander, the bidirectional exchange of information and understanding will play a pivotal role in improving the way we deliver care, improve the health of Soldiers, and maintain readiness within the Army.[8]

This paper will examine the concept of this strategic communication from various perspectives. The Department of Defense has wrestled with the definition of strategic communication in recent years and there are multiple definitions within the DoD literature. There is also a growing body of literature on strategic communication within the academic and business communities that helps to define this topic. Finally, perspectives on strategic communication within the health industry, particularly public health organizations, will be explored. The paper concludes with recommendations for

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the AMEDD regarding strategic communication in the transformation from a healthcare

system to the new System for Health.

Defining Strategic Communication in the DoD

The Secretary of Defense specified the proponents for strategic communication

(SC) and information operations (IO) within the DoD in a January 2011 memorandum.

> The USD(P) and the Assistant Secretary of Defense for Public Affairs
> (ASD(PA)) are formally designated as Strategic Communications co-
> leads, and the USD(P) will publish a new DoD Directive and Instruction
> that will clarify the definition of SC, and address the execution of SC at the
> DoD and joint force levels. The roles of both organizations and the method
> by which the Combatant Commands and Services participate in the SC
> process will also be clarified.[9]

The new DoD directive and instruction have yet to be published, and so the

various parts of the DoD continue to use various definitions for strategic communication.

Many of these have common elements and despite the variety of definitions there are

some clear distinctions that are generally accepted across the DoD. For example, the

"Commander's Handbook for Strategic Communication and Communication Strategy"

published by the U.S. Joint Forces Command in 2010, classifies strategic

communication as having three distinct disciplines: Information Operations, Public

Affairs, and Defense Support to Public Diplomacy. Within Public Affairs, the document

specifies three basic functions: public information, command information, and

community engagement activities.[10] This joint publication notes that strategic

communication can be "likened to an orchestra. In order to create the desired effect

(outcome), different sections of the orchestra play at different times, tempos, and

volumes."[11] The publication also acknowledges the confusion caused by having an

"overly broad" definition of SC as well as the "intellectual baggage" that is associated

with the term "strategic," and so it suggests using the term "Communications Strategy" for the overall construct, leaving specific terms intact that describe particular functions.[12]

Joint Publication 3-0, "Joint Operations," refers to strategic communication as an aspect of strategic guidance that "applies to USG-level department and agency activities."[13] It also acknowledges the distinctions between IO, PA, and DSPD outlined in the previously mentioned Commander's Handbook. While this document focuses on strategic communication and communications strategies from a combatant commander's perspective, it is useful to note how this doctrine meshes with the new AMEDD strategy. The type of strategic communication that the Surgeon General (TSG) refers to in her vision within the AMEDD strategy seems to fall exclusively within the joint doctrine's discipline of Public Affairs. However, one can still draw lessons from the related literature on information operations and other aspects of the larger concept of communications strategy.

For example, an article from the July-August 2011 MILITARY REVIEW discusses three conditions for achieving optimal effects with information operations, a discipline of strategic communication that is focused on the enemy and not on friendly forces. First, commanders "must understand and acknowledge that information operations are an important and potentially decisive component of their overarching strategy." Second, commanders must have a "concept of operations that integrates information operations into every facet of a unit's daily framework." Finally, commanders must "execute an IO plan such that intended messages are driven home repetitively to the target audience."[14] While this article focuses on the information operations, the lessons may be rightly applied to a public affairs scenario within the AMEDD in getting out important messages

about health. Substitute "health messages" for "information operations" and you can find excellent guidance for a type of communications strategy focused on health.

While leaders should rightly focus on strategic communication as part of their strategy, some authors suggest that the job of strategic communication is not solely the responsibility of just a few key leaders or staff members. In his 2011 book "Strategic Communication," Christopher Paul notes that there are over twenty different definitions of strategic communication found throughout U.S. Department of Defense publications and literature regarding the topic of communications.[15] His own vision of strategic communication based on these many definitions is, "strategic communication is coordinated actions, messages, images, and other forms of signaling or engagement intended to inform, influence, or persuade selected audiences in support of national objectives."[16] His definition reflects a perspective of strategic communication that can be applied across the entire department of defense, but also applies to the AMEDD. He notes in his vision that:

> All soldiers, sailors, airmen, and marines are effective public diplomats because in their interactions with publics, they know and can say both what we are doing in a given operation (and why) but also know (and can say) how what they individually do on a day-to-day basis connects to that broader operational goal, all in their own words.[17]

Colonel Lawrence Morris makes a similar point about strategic communications specifically within the Army in the September-October 2012 edition of MILITARY REVIEW, when he writes:

> The entire Army is on the hook, for better or worse, formally or otherwise, to accomplish this communication. Their charge is not to persuade or to convince but to *inform*- a liberating task, because it reduces the specter of salesmanship and focuses on portraying a reality that is hard to grasp for those who have not lived it.[18]

These perspectives on strategic communication within the Army and the Department of Defense can be applied to the vast array of issues that fall under the rubric of communications writ large. When applying these concepts to strategic communication within the AMEDD, one should be clear what aspect of the broader definitions to which one is referring. Although the doctrinal discipline for such communication is in the area of Public Affairs (PA), all members of the AMEDD are responsible for communicating the health messages of the System for Health. It is the responsibility of senior leaders to ensure that this happens. It is also a strategic leader's responsibility to ensure that strategic communications are not relegated to special staff.

Former Chairman of the Joint Chiefs of Staff, Admiral Michael Mullen, argued in 2009 that the lines between strategic, operational, and tactical are "blurred beyond distinction" particularly in the world of communication, and that U.S. military leaders had "allowed strategic communication to become a thing instead of a process, an abstract thought instead of a way of thinking."[19] Admiral Mullen points out that strategic communication is not just something that can be added to a previously conceived and planned operation, but rather must be integral in the operation itself. He argues that our messages should not just be messages, but rather our messages should be integral in everything that we do. "Our messages lack credibility because we haven't invested enough in building trust and relationships, and we haven't always delivered on promises."[20] While he is referring to strategic communication from the perspective of operations within the combatant commander's areas of responsibility over the past ten years, his message rings true for the AMEDD seeking to communicate the health messages of the System for Health. "It's not about telling *our* story. We must also be

better listeners."[21] Admiral Mullen on another occasion emphasized that strategic communication should be an enabling function that guides and informs our decisions and not an organization unto itself.[22] This is a point that will be reinforced in the public health literature regarding strategic communication.

Strategic communication often is a misunderstood concept.[23] Doctrine supporting any one particular definition of strategic communication is incomplete and often relies heavily on tactical examples rather than strategic ones. Steven Pike observed that this deficit is noted by various DoD publications (such as the previously discussed Joint Forces Command *Commander's Handbook*) as "not approved doctrine, but…a non-authoritative supplement to *currently limited* strategic communication doctrine."[24] If Admiral Mullen's view of strategic communication as an enabling process is to be realized, leaders must realize that strategic communication is not merely "strategic communications" (with an "s"). If the terminology alone is used to define the concept, leaders may assume that this involves only preparing talking points for media releases and press briefings, and limits leader's ability to utilize the process of strategic communication to synergistically support operations.[25]

Many strategic leaders today, like Admiral Mullen, note that strategic communication is "80% actions and 20% words."[26] "Effective strategic communication requires an organizational culture attuned to the information environment and a recognition that strategic communication, as a way to achieve information effects, consists of many capabilities (means) that are an integral part of the commander's arsenal."[27] The *Army Medicine 2020 Campaign Plan* recognizes this with the strategic imperative "Enhanced Diplomacy." The plan defines this as "participating and shaping

dialogue on healthcare delivery and individual health in Army, DoD, national and international communities in order to build federal, national and international enduring relationships."[28] The importance of relationships in strategic communications is growing in the academic and health industry literature.

Academic Approaches to Strategic Communication

Theories of human communication have been proposed and studied since antiquity, even as man first started communicating. However, the academic study of human communications did not begin in earnest until the early 20th century.[29] In 1974, there was still only one textbook on human communications, but since then the field has exploded with publications and advanced research.[30] During the last forty years, the field of communications research has moved from predominantly a collection of theories borrowed from other fields, to theories created by communications scholars and informed by a broad array of other fields. The range of theories has also grown from a small number of relatively unconnected theories to "numerous traditions, or communities of scholarship, each with coherence of its own.[31] In a modern textbook of communications theory, one can find over one hundred and twenty different theories about human communication.[32] By studying a diverse set of communications theories, one can develop more discriminating abilities to interpret communications as well as improve on communication skills that can be applied to a variety of circumstances.

While it is well beyond the scope of this paper to delve into all of the various theories of human communication, it is important to briefly review a few theories that are applicable in the realm of understanding strategic communications. In a 2012 paper, Lieutenant Colonel (LTC) Cheryl D. Phillips argued that the U.S. military has utilized a "message influence model" for strategic communication. This model presupposes that

strategic communications follow a linear formulaic approach that consists of creating a message that appeals to a select audience, sending the message via a relevant medium, and expecting the audience to receive the message, understand it, and change their attitudes or behaviors in order to achieve the effects desired by the authors LTC Phillips points out that for over a decade, this model of strategic communication has failed to actually achieve the desired effect in Afghanistan because the intended audiences or publics (Afghan citizens) were not receptive to the messages.[33] This argument is consistent with the criticism cited earlier by Admiral Mullen that the U. S. was relying on strategic communications as merely messages, not backed up with actions.

LTC Phillips goes on to present a new theory of communications, "relational theory" that she states provides a more useful intellectual framework for strategic communication practice. "Relational theory espouses the importance of developing and maintaining mutually beneficial relationships between organizations and key publics. Both the organization and publics influence the other, and communication activities link the parties."[34]She lays out the scholarly basis for both the message influence model and the relational theory model, and argues persuasively that the U.S. government approach to strategic communications has been following the message influence model for years with marginal results.[35] She notes that the 2004 Defense Science Board definition of strategic communication differs from other DoD definitions by explicitly stating that strategic communication should "seek to engage in dialogue with publics, and acknowledge the importance of developing relationships with audiences."[36] She states that the DoD should include the idea of relationship building as a separate

principle of strategic communication, and acknowledge the concept as key to achieving organizational goals.[37]

Finally, LTC Phillips argues that relationship building will be a strategic function in the future, directed by communication professionals, and that strategic leaders will engage in this function by building productive relationships that emphasize mutual support and cooperation. She goes on to show that "the quality of a relationship is a better predictor of long-term strategic outcomes" than other strategic models.[38] This excellent paper lays out a framework for redefining strategic communication in the DoD, but also has tremendous application in the System for Health. Indeed, much of the public health literature concerning strategic communication supports the premise that relationships matter.

Public Health Studies in Strategic Communication

"Health communication emerged in the 1970s and 1980s as an active area of social scientific inquiry concerned with the central role of human interaction in the provision of health care and health promotion."[39] Spanning all of the various disciplines of medicine (including nursing, psychology, epidemiology, etc), health communication incorporates tenets all of those fields while focusing on the role of message behavior, both verbal and non-verbal, through a variety of channels and across multiple contexts. Such focus areas include doctor-patient interaction, patient compliance/satisfaction, social support, health care team interaction, health care organizational communication, and mass media health campaigns. While early health communication was "atheoretical and unsophisticated", that is clearly no longer true.[40] This paper will look briefly at a few examples of public health and healthcare organizational communication studies to see how the AMEDD might better use strategic communication in its efforts to promote the

System for Health. The AMEDD is in addition to being one of the largest health care delivery organizations in the United States, also one of the largest public health organizations.

A public health institution must first and foremost be credible if it is to achieve any of its goals in promoting public health and wellness. In order to improve credibility with the public, more and more public health institutions are turning to the field of public relations to provide guidance. A consumer-driven demand for health news and information has helped drive the growth of the public relations function in public health organizations.[41] According to Springston and Laricy, there are two major elements that define effective public relations for a public health organization. The first is reputation management- development and maintenance of a positive reputation. This involves ethical behavior, an honorable workplace, effective leadership, a focus on the public and a reliable delivery of high quality health services, especially during times of crisis. The second major element is building and maintaining positive relationships with the organization's various stakeholders.[42] The authors posit that these factors are key to the organization's effectiveness in accomplishing its mission. They admit that measuring these factors is difficult and that additional research needs to be done to measure the impacts of these factors at the macro, institutional level.[43] Applying these concepts to the AMEDD in the transformation to a System for Health should be a part of the AMEDD strategy.

According to Carl Botan, public health promotion shares a common purpose with other public relations campaigns from such fields as business, public diplomacy, law, or social change, in that all share a common purpose of influencing individuals, groups,

organizations, or even societies. He posits that strategic communication is the preferred

term (vice public relations campaign) because it is broader and more inclusive as an

appropriate term for referring to a planned, persuasive and informational campaign.[44]

Though he prefers the term "strategic communication" to the term "public relations" that

Springston and Laricy use, he makes a strong argument in support of the principles of

relational theory of communications:

> Public relations is often used for strategic business communication, and
> the ethicality of strategic communication can be analyzed not so much in
> terms of its content as its process—the relationship it assumes or enforces
> between the involved parties—and the attitudes and values this reflects.[45]

Botan presents two models used to conduct public relations campaigns,

monologic and dialogic. He argues that the monologic approach, which focuses on the

communicator's message and not on the audience's needs, is the dominant model

behind most current public relations campaigns; however the dialogic model is a more

ethically sound alternative. He states that establishing and maintaining dialogic

communication between an organization and its publics is a precondition for ethical

business practices. Dialogic communication is characterized by a relationship in which

both parties have a genuine concern for each other rather than merely seeking to fulfill

their own needs. Since most strategic communication campaigns today define their

goals only from the perspective of the sponsor, "they typically seek to reduce the

receivers to a vehicle for achieving those needs."[46] Botan believes that the dialogic

approach is "more humanistic, communication-centered, relationship focused and

ethical… because it goes much further toward treating each other as an ends rather

than a means."[47] He acknowledges that this model may be difficult for many businesses

which are focused on short term goals, such as sales and that it may involve some

costs that would not be encountered with a monologic approach. However, he believes that a long-term relationship can be much more important to an organization's future and that building this sort of relationship requires consistent practice over an extended period of time.[48] Botan's arguments support the positions taken by the previously noted scholars in that he believes that the relationship between the communicator and the audience is as important to the message as the message itself when evaluating effectiveness for the organization. In the System for Health, the relationship between the AMEDD and the line leadership will likewise prove to be important in effectively transforming Army Medicine.

<div align="center">Strategic Communication in Public Health Education</div>

Much of public health is focused on educating people about health issues. Indeed, for Army Medicine to achieve the transformational goals outlined in the 2020 Campaign Plan, a tremendous amount of effort will be spent on providing health education to Soldiers and their families. In doing this, the plan nests well with the Army's plans for emphasizing the health of the force. The campaign plan explicitly states that in its operational design, it "Emulates, nests, and aligns with Army Strategic Planning Guidance (ASPG) Vision and Army Campaign Plan (ACP) end state: Prevent, Shape, Win- Framing What the Army Provides to the Nation," and that it further "incorporates System for Health into the Army Ready& Resilient Campaign Plan."[49] How one provides health education is important in determining the success of that educational effort.

Before determining what to say in providing a health education message, public health advocates must determine what they want to change in concrete terms, the more specific the better.[50] The way a message is presented, both in words and in actions will determine how it is received by the audience or public to which it is sent. Framing a

message is a strategic communication concept that incorporates both conceptual and environmental factors that allow a message to be translated between the incoming information and the "pictures in our heads."[51] One author recently even proposed an explanation for the rise and fall of global health issues based on social interpretations framing those issues.[52]

Megan Appleby noted in 2012 that "society publically consumes health messages, privately talks about health, and encounters health discourse in the workplace- all of which compose an understanding of what it means to be healthy."[53] She introduces this concept as a way of noting that the workplace may be an ideal place for communicating about health. Framing a health message that is understood by the audience in the workplace is another concept that has ramifications for the AMEDD campaign strategy insomuch as that is the place where we have the best opportunity to reach and impact Soldiers.

Appleby goes on to state that everyday communication about health at work may influence individual's perceptions about their own health. Based on a concept of health as a socially constructed (as opposed to a biologic or biomedical) concept, she argues that through health-related discourse, or health promotion at work, leaders may influence the way in which people perceive the goals or functions of health.[54] She delineates four commonly used meanings of health:

> First, health can be socially constructed as an absence of disease, implying that health is a stagnant, clear cut state of "not ill." Second, health can be constructed as a physical phenomenon that is sometimes linked to psychological and spiritual components as well. Third, healthy as a condition of health can be described as what is pure and rooted in elements found in the natural world. Last, health can be constructed as an economic commodity, as people buy second opinions and shop around for doctors. In all these variations, one element is common: these

constructions frame health as an end goal rather than a means to other life goals. Despite all the potentials for variation, health is most commonly defined in relation to lifestyle choices that affect the physical body. Just like health, constructions of wellness are complex. Constructions of wellness often include a morality component, wherein being well is perceived as a moral virtue.[55]

Appleby continues in her thesis to describe how health discourse at work is increasing in the United States. The increase in health messages distributed in the workplace highlights the role that organizations (such as the US Army) play in individual's experiences of health. Health is communicated not just in messages, but in the ways in which employers deal with the changing nature of work, address issues like the work-life divide, and communicate about what aspects of health are most important through policies like no-smoking zones or medical leave.[56] AMEDD leaders should take note and realize the importance of health communication in the workplace (part of the Lifespace) in influencing perceptions of health.

Several recent studies have highlighted the importance of strategic health communications in promoting health. In the first, two public health researchers examined the experiences of educators in a walking-promotion program in the United Kingdom (UK). They interviewed the mangers and project coordinators of community-based walking programs across the UK. Two types of programs were identified: those with explicit health aims and those without. Those programs with explicit health aims often targeted particular populations at risk for health problems in their recruitment. The researchers found that effective walking program recruitment required trained, strategic, labor-intensive communication, often by word-of-mouth and often in partnerships, in order to understand the needs and develop trust and motivation within disengaged sedentary communities.[57] In other words, the message alone was not very effective in

recruiting people to engage in the healthy behavior of walking, unless it was delivered in the setting of a relationship built on trust.

The second study looked at the role of strategic communication in changing health behaviors in the setting of public school based programs. This study noted that while communication is often included as an element of health policy, it is also a pivotal resource in sustaining changes in public health practices. The study proposed a communication-centered conceptual framework to demonstrate how policies are translated into practices. This framework consisted of four communication frames: orientation, amplification, implementation, and integration. The authors used these categories to demonstrate how the public health policies associated with an Arizona state-wide school based nutrition program could be implemented. While the details of each frame are beyond the scope of this paper, the authors' conclusion that communication strategies were pivotal in sustaining changes in public health practices is important.[58]

In another study, the researchers looked at measuring health literacy in a health care organization. This study used an open-ended approach to conduct a needs assessment of rural federally funded health center clinics. Using customized assessment tools, the authors were able to determine priorities for changing organizational structures and policies in order to support health literacy efforts within the organization. The authors conclude that health literacy improvements made within an organization, in addition to those directed toward the individual, can lead to better access for patients, an increased quality of care for patients and lower overall health care cost. They note that to implement these organizational improvements, it is

important that health literacy efforts are part of a health care center's overall quality improvement plan, and are supported by health center leadership.[59] The takeaway lesson from this study it that strategic leaders efforts in building relationships should be not only with the population they are serving, but also with employees of their own organization. The AMEDD, like the federally funded clinics in this study, can improve health outcomes through such leadership actions.

Two final studies highlight the importance of incorporating new technologies and social media in strategic communication efforts. In the first, the authors assessed the extent to which state public health departments are using social media and which applications are used most often to interactively engage audiences. This was a non-experimental, cross sectional study of state health department social media sites. The authors conclude that social media use by public health agencies in is the early adoption stage. They note that the reach of social media is limited and it is being used primarily as a channel to distribute information rather than capitalizing on the interactivity available to create conversations and engage with audiences. The authors conclude that if public health agencies are to effectively use social media then they must develop a strategic communication plan that incorporates best practices for expanding reach and fostering interactivity and engagement.[60]

The final study to highlight is an exploratory research project using panel data analysis to examine the correlation between Information and Communication Technology (ICT) and public health delivery at the country level, with a goal of examining the strategic association over time between ICT's and country-level public health. Using data from the World Development Indicators, the authors looked at the

association of five ICT factors with five public health indicators. The authors concluded

that ICT accessibility has a strong association with effective delivery of public health.

The authors believe that the findings of the study can help government officials and

public health policy makers around the world to formulate strategic decisions regarding

the best ICT investments and deployment.[61] The importance of this study to the AMEDD

is that Army Medicine senior leaders should explore not just whether to use social

media and eHealth initiatives as part of a strategic communication plan, but how to best

use these initiatives to develop the System for Health.

<center>Conclusions and Recommendations</center>

The Army Surgeon General has set the AMEDD on a transformational course

from a health care system to a System for Health. In doing so, she has rightly placed

emphasis on what is described in the *Army Medicine 2020 Campaign Plan* as the

imperative for "enhanced diplomacy." A critical aspect of this imperative, indeed to the

success of the entire transformational effort is a solid strategic communication plan. The

Surgeon General described this briefly in a July "Commander's Thoughts" bulletin to the

AMEDD, making a personal pledge to "increase my communication through the various

media forms."[62]

> Diane Berry states in a 2006 textbook on health communication that:
>
> It has been argued that the most significant determinant of health is social
> and economic circumstance, and that the least important is individual
> health behavior. Thus it has been recommended that we should focus
> more effort on broader public health campaigns than on trying to influence
> behavior at the individual level, and that health promotion initiatives
> targeted at large populations are probably the most cost-effective
> approach to improving health.[63]

The *Army Medicine 2020 Campaign Plan* approaches the transformation to a

System for Health from both perspectives. This paper has argued that in order for the

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campaign plan to be effective, the AMEDD must have a strong strategic communication plan. A review of the DoD strategic communication publications demonstrated that while there is no consensus yet on what we exactly mean by strategic communication, there is enough agreement about many of its principles to set the AMEDD course in line with the larger department goals for strategic communication. A review of academic and public health literature focusing on strategic communication demonstrated that the most likely path to success is to establish a dialogic type plan that focuses on building the relationship between the AMEDD and the Army line leadership, particularly at the senior and strategic leader levels. In order to initiate these processes and achieve success in the plan, the following suggestions are proposed:

- Have a plan that incorporates strategic communication into all facets of operations in the AMEDD and not just the public affairs domain.

- Build relationships between senior leaders of the AMEDD and senior line leadership in the Army. Build these relationships at all levels across the Army. Focus on dialogue and not on "doctor knows best" attitudes.

- Communicate through actions and not just words. Ensure that our words are backed up by our actions.

- Select senior leaders who possess good communication skills. Ensure that they also possess good relationship building skills.

- Develop a plan to teach these skills at all levels of professional military education (PME) for all members of the AMEDD, but in particular to those who are showing particularly good leadership potential.

- Develop ways to better know our population being served. Find ways to ask them what they need. Measure not just processes, but outcomes related to reputation and relationship, as well as health.

- Continue to ensure that AMEDD efforts in transforming to the System for Health are aligned with and nested into the Army's plans for ensuring Soldier health such as the Ready and Resilient Campaign.

These recommendations can form the basis of an action plan to ensure that strategic communication is not just relegated to the Director of Communication at OTSG. It is critical to have a plan that is understood by all in the organization to achieve the communication imperative. Former press secretary to President George W. Bush, Torie Clarke wrote, "Just as 'We're going to put points on the board' is not a strategy for a football coach, outreach to consumer media is not a strategy to increase awareness among policymakers of Tylenol child safety measures. It may be one part of your plan, but it's not a strategy."[64]

The most important of these recommendations is to develop strategic leaders for the AMEDD that understand and can practice these principles. Unfortunately, much of our PME still does not incorporate this perspective on strategic communication into the course of study.[65] If the transformation to a System for Health is going to last, the AMEDD needs to look at how we are developing future strategic leaders who can communicate effectively.

Endnotes

[1] United States Army, *Army 2020, Generating Health & Discipline in the Force, Ahead of the Strategic Reset Report 2012* (rev 2), (2012): 3-11.

[2] Ibid., 165.

³ United States Army Medical Command, *Army Medicine Strategy*, https://mitc.amedd.army.mil/sites/DC/Organizational%20Information/Army%20Medicine%20Strategy%202020.pdf (accessed November 7, 2012).

⁴ 43ʳᵈ Surgeon General, United States Army, *Army Medicine 2020 Campaign Plan*, https://mitc.amedd.army.mil/sites/CMIO/STRATCOM/shared/Shared%20Documents/AMEDD%202020%20Campaign%20Plan%20LR.pdf (accessed February 17, 2013), 11.

⁵ Eric B. Schoomaker, "Army Medicine: Supporting the Army Family," *Army* 60, no. 5 (May 2010): 25.

⁶ Ibid., 26.

⁷ *Army Medicine 2020 Campaign Plan,* 8-9.

⁸ Office of the Surgeon General & Commanding General, U.S. Army Medical Command, *Commanders Thoughts, October 2012*, https://mitc.amedd.army.mil/sites/DC/Organizational%20Information/CommandersThoughtsOct_2012.pdf (accessed Dec 4, 2012).

⁹ U.S. Secretary of Defense Robert Gates, "Strategic Communication and Information Operations in the DoD," memorandum for the Secretaries of the Military Departments, Washington, DC, January 25, 2011.

¹⁰ U.S. Joint Forces Command, *Commander's Handbook for Strategic Communication and Communication Strategy Version 3.0,* (Suffolk, Virginia, US Joint Forces Command Joint Warfighting Center, June 24, 2010),, II-6 - II-8.

¹¹ Ibid., II-4.

¹² Ibid., II-11.

¹³ U.S. Joint Chiefs of Staff, *Joint Operations,* Joint Publication 3-0 (Washington, DC: U.S. Joint Chiefs of Staff, August 11, 2011), III-15.

¹⁴ Ralph O. Baker, "Information Operations, From Good to Great," *Military Review*, 91, no. 4 (July-August 2011): 3.

¹⁵ Christopher Paul, *Strategic Communication: Origins, Concepts, and Current Debates*, (Santa Barbara, California: Praeger, 2011), 185-190.

¹⁶ Ibid., 61.

¹⁷ Ibid., 61-62.

¹⁸ Lawrence J. Morris, "An Asset Out of You and Me," *Military Review*, 92, no. 5 (September-October 2012): 42.

¹⁹ Michael G. Mullen, "From the Chairman, Strategic Communication: Getting Back to Basics," *Joint Forces Quarterly* 55, no. 4 (4ᵗʰ Quarter 2009): 2.

20 Ibid., 3.

21 Ibid., 4.

22 John Kolessar, *Effective Use of Strategic Communication*, Strategy Research Project (Carlisle Barracks, PA: U.S. Army War College, March 16, 2010), 4.

23 Dennis M. Murphy, "In Search of the Art and Science of Strategic Communication," *Parameters* 39, no. 4 (Winter 2009-10): 107.

24 Steven Louis Pike, *Communicating Clearly: Differentiating the operational and Strategic Levels of Strategic Communication*, Strategy Research Project (Newport, Rhode Island: U.S. Naval War College, October 27, 2010), 1.

25 Dennis M. Murphy, "The Trouble with Strategic Communication(s)," *Center for Strategic Leadership, U.S. Army War College Issue Paper* 2-08 (January 2008): 1.

26 Ibid., 2.

27 Ibid., 3.

28 *Army Medicine 2020 Campaign Plan,* 20.

29 Stephen W. Littlejohn and Karen A. Foss, Theories of Human Communication, 9th Edition, (Belmont, CA: Thompson Wadsworth, 2008), 4.

30 Ibid., xvii.

31 Ibid.

32 Ibid., xiii-xv.

33 Cheryl D. Phillips, *Toward a Theory of Strategic Communication: A Relationship Management Approach*, (Carlisle Barracks, PA: U.S. Army War College, March 22, 2012), 2.

34 Ibid.

35 Ibid., 8.

36 Ibid., 10.

37 Ibid., 11.

38 Ibid., 19.

39 Jim L. Query, Jr., "Insights and Imperatives: Towards Culling Lessons From State-of-the-Art Health Communication Research," *Communications Studies* 53, no. 4 (Winter 2002): 289.

40 Ibid.

[41] Jeffrey K. Springston and Ruth Ann Weaver Laricy, "Public Relations Effectiveness in Public Health Institutions," *Journal of Health and Human Services Administration* 28, no.1/2 (Fall 2005): 219.

[42] Ibid., 238.

[43] Ibid.

[44] Carl Botan, "Ethics in Strategic Communication Campaigns: The Case for a New Approach to Public Relations," *Journal of Business Communication* 34, no. 2 (April 2, 1997): 189.

[45] Ibid., 190.

[46] Ibid., 192.

[47] Ibid., 197.

[48] Ibid., 198.

[49] *Army Medicine 2020 Campaign Plan,* 13.

[50] Lori Dorfman, Lawrence Wallack, and Katie Woodruff, "More Than a Message: Framing Public Health Advocacy to Change Corporate Practices," *Health Education & Behavior* 32, no. 3 (June 2005): 323.

[51] Ibid., 324.

[52] Jeremy Shiffman, "A social explanation for the rise and fall of global health issues," *Bulletin of the World Health Organization online* 2009;87:608-613 (March 3, 2009): 611 http://www.who.int/bulletin/volumes/87/8/08-060749.pdf (accessed February 15, 2013).

[53] Megan Appleby, *Communicating Health and Wellness at Work: An Analysis of Organizational Discourse*, Thesis Presented to the Graduate Faculty of Saint Louis University in Partial Fulfillment of the Requirements for the Degree of Master of Arts (Research), (UMI Number 1515520, UMI Dissertation Publishing, 2012), 1.

[54] Ibid., 12.

[55] Ibid., 12-13.

[56] Ibid., 17.

[57] Anne Matthews et al., "'Don't wait for them to come to you, you go to them'. A qualitative study of recruitment approaches in community based programmes in the UK," *BMC Public Health online*, 12:635 (August 10, 2012): http://www-ncbi-nlm-nih-gov.lrc1.usuhs.edu/pmc/articles/PMC3490991/ (accessed February 15, 2013).

[58] Marianne LeGreco and Heather E. Canary, "Enacting Sustainable School-Based Health Initiatives: A Communication-Centered Approach to Policy and Practice," *American Journal of Public Health* 101, no. 3 (March 2011): 436.

59 Nancy L. Weaver et al., "Advanced Organizational Health Literacy in Health Care Organizations Serving High-Needs Populations: A Case Study," *Journal of Health Communication: International Perspectives* 17:sup3, (October 3, 2012): 56.

60 Rosemary Thackeray et al., "Adoption and use of social media among public health departments," *BMC Public Health online*, 12:242 (March 26, 2012): 13 http://www-ncbi-nlm-nih-gov.lrc1.usuhs.edu/pmc/articles/PMC3331826/ (accessed February 15, 2013).

61 Joseph Tan et al., "A Panel Analysis of the Strategic Association Between Information and Communication Technology and Public Health Delivery," *Journal of Medical Internet Research*, 14(5): e147 (October 22, 2012): http://www-ncbi-nlm-nih-gov.lrc1.usuhs.edu/pmc/articles/PMC3510718/ (accessed February 15, 2013).

62 Office of the Surgeon General & Commanding General, U.S. Army Medical Command, *Commanders Thoughts, July 2012*, https://mitc.amedd.army.mil/sites/DC/Organizational%20Information/CommandersThoughtsJuly_2012.pdf (accessed Nov 7, 2012).

63 Diane Berry, *Health Communication: Theory and Practice* (Buckingham, GBR: Open University Press, 2006), 86, http://site.ebrary.com/lib/usuhs/Doc?id=10197045&ppg=99 (accessed February 6, 2013), 87-88.

64 Torie Clarke, *Lipstick on a Pig,* (New York, New York: Free Press, 2006), 175.

65 Mari K. Eder, "Toward Strategic Communication," *Military Review*; 87, no. 4 (Jul/Aug 2007): 67.